



BOWLING CENTERS SUPPLEMENTAL APPLICATION

DATE (MM/DD/YYYY)

NAME (First Named Insured) AND MAILING ADDRESS		AGENCY	
PROPOSED EFF DATE	PROPOSED EXP DATE	CODE:	
		CONTACT NAME:	

SUPPLEMENTAL QUESTIONS

		YES	NO
1. DESCRIBE THE EXPERIENCE OF THE OWNER(S) IN THE BOWLING CENTER BUSINESS:			
2. DOES INSURED OPERATE ON A SEASONAL BASIS? IF YES, PLEASE EXPLAIN:	<input type="checkbox"/>	<input type="checkbox"/>	
3. HOURS OF OPERATION:			
4. NUMBER OF LANES: _____ TYPE OF FINISH ON LANES: _____			
5. HOW OFTEN ARE LANES REFINISHED? _____			
6. WHAT TYPE OF REFINISHING PRODUCT IS USED? _____ WATER BASED? _____			
7. NAME OF COMMERCIAL REFINISHING LANE? _____			
8. DOES THE OUTSIDE COMMERCIAL FIRM HAVE GL COVERAGE? LIMITS: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	
9. ANY PIN REFINISHING ON PREMISES (DESCRIBE):			
10. ANY STORAGE OF REFINISHING MATERIAL OR OTHER FLAMMABLES (DESCRIBE):			
11. HOW OFTEN ARE THE PINSETTERS SERVICED OR REPAIRED?			
12. WHAT IS THE VALUE OF THE LANES AND RETURNS? \$ _____			
13. WHAT IS THE VALUE OF PINSETTERS AND SCORERS? \$ _____			
14. IS AN OUTSIDE CONTRACTOR USED?	<input type="checkbox"/>	<input type="checkbox"/>	
15. IS THERE A RESTAURANT OR SNACK BAR?	<input type="checkbox"/>	<input type="checkbox"/>	
16. RESTAURANT RECEIPTS: _____ LIQUOR RECEIPTS: _____ TOTAL RECEIPTS: _____			
17. IS THERE MULTI LEVEL SEATING AREA:	<input type="checkbox"/>	<input type="checkbox"/>	
18. IS THERE ANY LIVE ENTERTAINMENT EVER PROVIDED IN THE LOUNGE? IF YES, PLEASE DESCRIBE WHAT TYPE & HOW OFTEN:	<input type="checkbox"/>	<input type="checkbox"/>	
19. WHAT YEAR WAS THE BUILDING CONSTRUCTED? _____ YEAR RENOVATED/UPDATED: _____			
20. ARE THERE ANY OTHER OCCUPANTS IN THE BUILDING? IF YES, WHAT ARE THEY?	<input type="checkbox"/>	<input type="checkbox"/>	
21. TYPE OF AUTOMATIC FIRE EXTINGUISH EQUIPMENT: _____			
22. DOES THE SYSTEM PROTECT ALL DEEP FAT FRYERS & OTHER COOKING EQUIPMENT?	<input type="checkbox"/>	<input type="checkbox"/>	
23. IS THERE A SERVICE AGREEMENT WITH AN INDEPENDENT CONTRACTOR?	<input type="checkbox"/>	<input type="checkbox"/>	

		YES	NO
24.	HOW OFTEN ARE HOOD, DUCTS & FILTERS CLEANED? _____ BY WHOM? _____		
25.	IS THERE AN AUTOMATIC FUEL SHUT OFF?	<input type="checkbox"/>	<input type="checkbox"/>
26.	IS THERE AN NURSERY ON PREMISES? IF YES, DESCRIBE THE SUPERVISION. WHAT IS THE AGE OF THE CHILDCARE PROVIDER?	<input type="checkbox"/>	<input type="checkbox"/>
27.	IS THERE A SIGN IN AND SIGN OUT POLICY FOR CHILDREN ENTERING AND LEAVING THE CHILDCARE ROOM?	<input type="checkbox"/>	<input type="checkbox"/>
28.	ARE THE CARETAKERS INFANT/CHILD FIRST AID & CPR CERTIFIED?	<input type="checkbox"/>	<input type="checkbox"/>
29.	IS THERE A VIEWING WINDOW IN TO THE NURSERY OF AT LEAST 24" X 30" IN SIZE?	<input type="checkbox"/>	<input type="checkbox"/>
30.	IS THE PARKING AREA SMOOTH, LEVEL, AND ADEQUATELY LIT?	<input type="checkbox"/>	<input type="checkbox"/>
31.	ARE THERE ANY RECREATIONAL ACTIVITIES OTHER THAN BOWLING (BILLIARD ROOMS, VIDEO ARCADES, VOLLEYBALL PITS, MECHANICAL BULLS, LASERTAG ETC.)? IF YES, PLEASE DESCRIBE:	<input type="checkbox"/>	<input type="checkbox"/>
32.	ARE THERE HALLS OR ROOMS RENTED OUT TO OTHERS FOR ACTIVITIES? IF YES, PLEASE EXPLAIN:	<input type="checkbox"/>	<input type="checkbox"/>
33.	AVERAGE AMOUNT OF CASH ON PREMISES: \$ _____ HOW FREQUENTLY ARE BANK DEPOSITS MADE? _____		
34.	IF ALCOHOLIC BEVERAGES ARE SERVED, IS SERVICE RESTRICTED TO BEER AND WINE ONLY? IF NO, PLEASE DESCRIBE:	<input type="checkbox"/>	<input type="checkbox"/>
35.	DOES THE APPLICANT HAVE A POLICY TO REFUSE SERVICE TO INTOXICATED PERSONS?	<input type="checkbox"/>	<input type="checkbox"/>
36.	DOES THE APPLICANT REQUIRE EMPLOYEES TO CHECK IDENTIFICATION OF ANYONE UNDER 30?	<input type="checkbox"/>	<input type="checkbox"/>
37.	IS THE APPLICANT'S POLICY AGAINST SERVING UNDER AGE PERSONS POSTED IN THE ESTABLISHMENT?	<input type="checkbox"/>	<input type="checkbox"/>
38.	IS THERE A BOUNCER ON DUTY DURING PEAK BUSINESS HOURS?	<input type="checkbox"/>	<input type="checkbox"/>
39.	HAVE ALL SERVERS COMPLETED AN ALCOHOL AWARENESS TRAINING COURSE? IF NO, ARE ALL EMPLOYEES NOW ENROLLED IN THE NEXT AVAILABLE COURSE?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
40.	IS THERE AN ACTIVE AUTOMATIC FIRE ALARM? IF SO, IS IT CONNECTED TO A CENTRAL STATION?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
41.	IS THERE AN ACTIVE AUTOMATIC BURGLAR ALARM? IF SO, IS IT CONNECTED TO A CENTRAL STATION?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
42.	IS THERE AN ACTIVE AUTOMATIC SPRINKLER SYSTEM? IF SO, IS IT CONNECTED TO A CENTRAL STATION?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
THE RISK MUST HAVE GENERAL LIABILITY COVERAGE IN FORCE TO BE ELIGIBLE. FAILURE TO MAINTAIN THIS COVERAGE MAY BE GROUNDS FOR CANCELLATION.			
CARRIER: _____ LIMITS: _____			
POLICY DATES: _____			
43.	PREVIOUS LIQUOR LIABILITY INSURER (GIVE FULL NAME OF INSURANCE COMPANY): _____		
44.	ANY PRIOR LIQUOR CLAIMS	<input type="checkbox"/>	<input type="checkbox"/>
ANY PRIOR LIQUOR LICENSE SUSPENSION?			
		<input type="checkbox"/>	<input type="checkbox"/>